

MARGIN RESERVED FOR BINDING

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL STATE OF MOTHER should be stated EXACTLY, and OCCUPATION in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH
County St. Mary's ①
Village or City Valley Lee (No.)
St. Ward 281 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas Albert Edarme

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH See, 16th
(Month) 1872 (Day) (Year)

7 AGE 28 yrs. mo. da. or min. ? If LESS than 1 day..... hrs.

8 OCCUPATION
(a) Trade, profession or particular kind of work.....
(b) General nature of industry business, or establishment in which employed or (employer) fisherman

9 BIRTHPLACE
(State or country) St. Mary's Co., Md.

10 NAME OF FATHER Warren J. Adams

11 BIRTHPLACE OF FATHER
(State or country) St. Mary's Co., Md.

12 MAIDEN NAME OF MOTHER Mary R. Purcell

13 BIRTHPLACE OF MOTHER
(State or country) St. Mary's Co., Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Warren J. Adams
(Address) Valley Lee, Md.

15 Filed Feb. 16th 1921 Harrison Hobbs Registrar

02153 STATE OF MARYLAND CERTIFICATE OF DEATH
Registration Dist. No. 281

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 16, 1921
(Month) Day (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb. 3rd to Feb. 16th, 1921, that I last saw him alive on Feb. 16th, 1921, and that death occurred on the date stated above, at Valley Lee, Md.

The CAUSE OF DEATH is as follows:
Peritonitis : probably due to perforation of bowel from intestinal ulceration, possibly typhoid fever. Death 281

Contributory
Secondary Cholera (Duration) 3 yrs. mo. da.

(Signed) John J. Harper Lynch, M. D.
Feb. 16, 1921. (Address) Valley Lee, Md.

State the Disease Causing Death or, in Deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yr. mo. da. In the State, yr. mo. da.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL St. George's Church DATE OF BURIAL Feb. 16, 1921
20 UNDERTAKER Eugene Robinson ADDRESS Jackson, Md.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

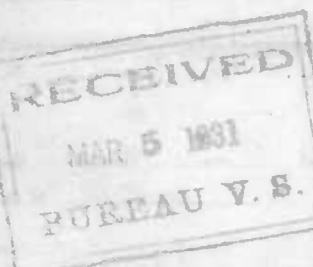
(Approved by U. S. Census and American Public
Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *private Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary firemen*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*; *Farm laborer*; *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework* or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified; is indefinite); *Tuberculosis of lungs, meningitis, peritonitis*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Amaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Tumation," "Marasmus," "Old Age," "Shock," "Trachia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence: All the data is essential and must be obtained before the certificate is permanently filed.



M

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02154

1. PLACE OF DEATH

County St. Marys
Village or City Great Mills

161-d

Registration Dist. No. 287St. Ward Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME John T. Barber(a) Residence: No. St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 6. DATE OF BIRTH (month, day, and year) Feb. 1 - 1931

7. AGE	Years	Months	Days	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.
			1	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) Great Mills, Md.
(State or country)13. NAME Bernard Barber
14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Delia Barnes
16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Bernard Barber
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Holy Face Cemetery Date Feb. 3, 193119. UNDERTAKER John Laxon
(Address) Great Mills, Md.20. FILED Feb. 3, 1931 Officer, Md.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Feb. 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from

unattended, 19, 10, 19.I last saw him alive on , 19; death is saidto have occurred on the date stated above, at 12 noon.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hemorrhage (umbilical)

Other Contributory Causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19.Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify (Signed) P. J. Bear M. D.
(Address) Great Mills, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED	
MAR 5 1931	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example I
The principal cause of death and related causes of importance were as follows:

Gallstones

May 1, 1923

Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

see Part II Particulars for class of fatality
name

MARGIN RESERVED FOR BINDING

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1 PLACE OF DEATH

County St. Marys

02155

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 280

108

St. _____ Ward _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Village or City Bethelville State Md2 FULL NAME Laura Bonner

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED
OR DIVORCED
(Write the word)Female White

6 DATE OF BIRTH

Oct 26, 1873
(Month) (Day) (Year)

7 AGE

57 58 yrs. 9 mos. 9 ds. If LESS than
1 day hrs.
or min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work Housewife
(b) General nature of industry
business, or establishment in
which employed or (employer)

9 BIRTHPLACE

(State or country)

Ind

PARENTS

10 NAME OF
FATHERPeter Guehr11 BIRTHPLACE
OF FATHER

(State or country)

Ind12 MAIDEN NAME
OF MOTHERHorriet Bissell13 BIRTHPLACE
OF MOTHER

(State or country)

Ind

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Reedieus Bonner

(Address)

Bethelville Md

15

Filed Feb 5 1921 Dr. J. O. King
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan 30 1921 (Month) 15 (Day) 1921 (Year)

I HEREBY CERTIFY, That I attended the deceased from
Jan 30 1921 to Jan 5 1921.

that I last saw her alive on Jan 4 1921, and that death occurred on the date stated above, at 8 A.M.

The CAUSE OF DEATH * was as follows:

St. Peter's Cemetery

(Duration) yrs. mos. ds.

Contributory
Secondary

(Duration) yrs. mos. ds.

(Signed) J. J. King M. D. (Address) St. Peter's Cemetery*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Peter's Cemetery 7707 1921
ADDRESS

20 UNDERTAKER

J. L. P. Morris

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spiral meningitis"); *Diphtheria* avoid use of "Croup"; *Typhoid fever* never report "Typhoid Pneumonia"; *Lobar pneumonia*, *Brachopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by runaway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *lethargus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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MAR 7 1901

BUREAU

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH County <i>St. Marys</i>		02156	
Village or City <i>Mechanicsville</i> (No.)		59	
2 FULL NAME <i>Emma Jordan</i>			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <i>Female</i>	4 COLOR OR RACE <i>Black</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Widowed</i>	(Write the word)
6 DATE OF BIRTH <i>unknown 1886</i>			
(Month)		(Day)	
(Year)			
7 AGE <i>45 yrs.</i>			
If LESS than 1 day hrs. or min.?			
8 OCCUPATION <i>at home -</i>			
(a) Trade, profession or particular kind of work			
(b) General nature of industry business, or establishment in which employed or (employer)			
9 BIRTHPLACE (State or country) <i>Md.</i>			
10 NAME OF FATHER <i>Harry Jordan</i>			
11 BIRTHPLACE OF FATHER (State or country) <i>Md.</i>			
12 MAIDEN NAME OF MOTHER <i>Martha Campbell</i>			
13 BIRTHPLACE OF MOTHER (State or Country) <i>Md.</i>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) <i>Harry Jordan</i>		15 Filed <i>Feb 20 1931</i>	
(Address) <i>Mechanicsville</i>		16 Registrar <i>Elmer R. Jolley</i>	

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. *283*

St. _____ Ward _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH <i>Feb 20 1931</i>			
(Month)		(Day)	
(Year)			
17 I HEREBY CERTIFY, That I attended the deceased from <i>Feb 19 1931</i> to <i>Feb 20 1931</i>			
that I last saw h alive on _____, 192_____			
and that death occurred on the date stated above, at _____ m.			
The CAUSE OF DEATH * was as follows:			
<i>Diabetes Mellitus -</i>			
Contributory (Duration) <i>6 yrs. mos. ds.</i>			
<i>Pneumonia (Diabetic)</i>			
Secondary (Duration) <i>4 yrs. mos. ds.</i>			
<i>P.B. Jolley</i>			
(Signed) <i>M. D.</i>			
2-22-31 (Address) <i>Morganza</i>			
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL *St. Joseph* DATE OF BURIAL *Feb. 22 1931*20 UNDERTAKER *Elmer R. Jolley* ADDRESS *Mechanicsville*

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

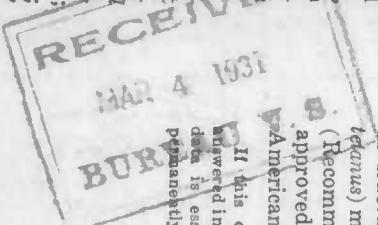
(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrosynovitis* (the only definite synonym is "Epidemic cerebro-synovitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, septicæmia*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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1 PLACE OF DEATH
County St. Marys

Village or City Sally Lee (No.)

2 FULL NAME George Brooks

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Single

male colored

6 DATE OF BIRTH

unknown, 1
(Month) (Day) (Year)

7 AGE between 5-5-and
60 yrs. mos. ds. or min?

IF LESS than
1 day hrs.
mos. ds. or min?

8 OCCUPATION

(a) Trade, profession or
particular kind of work Labour on State road
(b) General nature of industry
business, or establishment in
which employed or (employer)

9 BIRTHPLACE
(State or country)10 NAME OF
FATHER11 BIRTHPLACE
OF FATHER

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

Feb. 7th 1931 Harrison Hobbs

Registrar

02157

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 281

210 m

St. Ward

(If death occurred in
a hospital or institu-
tion, give its NAME in
stead of street and
number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

February (Month) 5 (Day) 1931 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from
October 26, 1930, to February 5, 1931,that I last saw him alive on Jan 22, 1931,
and that death occurred on the date stated above, at 12 P.M.

The CAUSE OF DEATH * was as follows:

paralytic, caused by partial
dislocation of neck. He was
thrown from an automobile when
it turned over. (Duration) yrs. 18 mos. 18 ds.

Contributory
Secondary

(Duration) yrs. mos. ds.
(Signed) Brown, C. L. M. D.
Feb. 6, 1931 (Address) Lenoirbottom Md.

*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tru-
ments or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

St. George Church Sally Feb. 8, 1931

20 UNDERTAKER

Richard Thomas Sally Lee Md.

ADDRESS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public
Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *septic tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

V If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 15 1831

BUREAU



1 PLACE OF DEATH

County

St. Mary's

Village or City

Leonardtown

2 FULL NAME

Susan Butler

02158

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 282

St. _____ Ward)

(If death occurred in
a hospital or institu-
tion, give its NAME in-
stead of street and
number.)

(23)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

Colored

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Widow

6 DATE OF BIRTH

Oct 27, 1854

(Month)

(Day)

(Year)

7 AGE

72 yrs. 3 mos. 21 ds.

If LESS than
1 day... hrs.
or... min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work
(b) General nature of industry
business, or establishment in
which employed or (employer)

at home

9 BIRTHPLACE
(State or country)

Md

PARENTS

10 NAME OF
FATHER

Wm C. Blackstone

11 BIRTHPLACE
OF FATHER

Md

(State or country)

12 MAIDEN NAME
OF MOTHER

Caroline Williams

13 BIRTHPLACE
OF MOTHER

Md

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Sue Butler

(Address)

Leonardtown

15 Filed

2/18 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb. 18, 1931

(Month) (Day) Year

17 I HEREBY CERTIFY, That I attended the deceased from
192... to... 192...,

that I last saw h... alive on... 192...,

and that death occurred on the date stated above, at 12 m.
The CAUSE OF DEATH * was as follows:

Pneumonia, Neworgy

(Duration) yrs. mos. ds.

Contributory
Secondary

(Duration) yrs. mos. ds.

(Signed) Wm. C. Blackstone, M. D.

2/18 1931 (Address) Leonardtown

*State the disease causing death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Mary's 2/20 1931

DATE OF BURIAL

20 UNDERTAKER

Wm C. Mealey, Leonardtown

ADDRESS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer retired 6 yrs.* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral palsy, fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia"),

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and a full question answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

T H. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

County St. Mary'sVillage or City Abell (No. 1)

2 FULL NAME

George D. C. Dickerson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED(Write the word)
Married

6 DATE OF BIRTH

6 (Month) 6 15 (Day) 1863 (Year)

7 AGE

67 yrs. 8 mos. 2 ds. or min.?

If LESS than
1 day hrs.

8 OCCUPATION

(a) Trade, profession or
particular kind of work(b) General nature of industry
business, or establishment in
which employed or (employer)

9 BIRTHPLACE

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE
OF FATHER

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emilie Cole(Address) Abell MD

15

Filed 2-17-1931, R.V. Palmer
Registrar

02159

82-2

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 286St. _____ Ward _____ (If death occurred in
a hospital or institution,
give its NAME instead of street and
number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

2 17, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

2-16-1931 to 2-17-1931,that I last saw him alive on 2-16-1931,and that death occurred on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH * was as follows:

Cerebral apoplexy

(Duration) yrs. mos. ds.

Contributory
SecondaryCerebral apoplexy

(Duration) yrs. mos. ds.

(Signed) R.V. Palmer M. D.2-17-1931 (Address) as above*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Institutions
or Recent Residents)At place of
death yrs. mos. ds.In the
State yrs. mos. ds.Where was disease contracted,
if not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

Sacred Heart

DATE OF BURIAL

2-18-1931

20 UNDERTAKER

Richard Thomas Valley Lee and

ADDRESS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Relieft*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.* of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

A If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1931

BUKEA

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact Statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH

County St. Mary's

Village or City Avenue (No.)

2 FULL NAME May Magdalene Ellis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

7 31, 1873
(Month) (Day) (Year)

7 AGE

58 yrs. 6 mos. 12 ds. or 0 min?

IF LESS than
1 day hrs.

8 OCCUPATION

(a) Trade, profession or
particular kind of work(b) General nature of industry
business, or establishment in
which employed or (employer)

9 BIRTHPLACE

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE
OF FATHER12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. L. Ellis(Address) 130 13 St. NW15 Filed 2-11-1931 N. v. Palmer

Registrar

02160

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 2-86

93-2

St: _____ Ward: _____ (If death occurred in
a hospital or institution,
give its NAME instead of street and
number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

2 11, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from
2-11-1931 to 2-11-1931,that I last saw her alive on 2-11-1931,and that death occurred on the date stated above, at 5:30 a.m.
The CAUSE OF DEATH was as follows:Cerebral apoplexy(Duration) 2 yrs. mos. ds.Contributory
SecondaryChronic myo. Cardit(Duration) 2 yrs. mos. ds.(Signed) Geo. L. Palmer M. D.2-12-1931 (Address)*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Patients
or Recent Residents)At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.Where was disease contracted,
if not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

Sacred Heart Cem.

DATE OF BURIAL

2-12-1931

20 UNDERTAKER

Eugene Hall

ADDRESS

Quarrendale

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.,* of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory". (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
MARCH 15 1931
BURKE

MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICAL ANATOMY should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County St. Marys CoVillage or City Hollywood (No.)2 FULL NAME Such Rebecca Stone Evans

02161

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 282

186-a

St: _____ Ward: _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE,

MARRIED,

WIDOWED,

OR DIVORCED

(Write the word)

widow

6 DATE OF BIRTH

July 25, 1844

(Month)

(Day)

(Year)

7 AGE

86.

yrs.

6

mos.

8

ds.

If LESS than
1 day.....hrs.
or.....min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work(b) General nature of industry
business, or establishment in
which employed or (employer)

House wife

9 BIRTHPLACE

(State or country)

St Marys Co.

10 NAME OF
FATHER

Stone

11 BIRTHPLACE
OF FATHER

(State or country)

Maryland

12 MAIDEN NAME
OF MOTHER

Stone

13 BIRTHPLACE
OF MOTHER

(State or Country)

St Marys Co. Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

George W Evans

(Address)

Hollywood Md

15 Filed

2/7

1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

February 7, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Feb 9, 1931 to Feb 6, 1931,

that I last saw her alive on Feb 6, 1931,

and that death occurred on the date stated above, at 7 P.M.

The CAUSE OF DEATH * was as follows:

Unnatural fracture of humerus

Fall from steps to porch, cause of fracture

Accident, over (Duration) yrs. 8 mos. 0 ds.

Contributory
Secondary

Lacuity (Duration) yrs. 0 mos. 0 ds.

(Signed) P. F. Greenwell M. D.Feb 6, 1931 (Address) Fernashawne*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted,
if not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

St John's Cemetery Feb 7, 1931

20 UNDERTAKER

Mr. C. Mattingly Leonardtown

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

MAR 3 1931

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unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.; Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should include CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH

County St. Mary'sVillage or City Palmer (No.)

2 FULL NAME

Mary Cecilia Faunce

02162

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 2 86

(159)

St. Palmer Ward 9 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE White5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word) Single

6 DATE OF BIRTH

2 9, 1831
(Month) (Day) (Year)

7 AGE

— yrs. — mos. / ds. or — min.?
If LESS than
1 day hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work None
 (b) General nature of industry business, or establishment in which employed or (employer) None

9 BIRTHPLACE

(State or country) and

10 NAME OF FATHER

Joseph Faunce

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

Anna Jean Brown

13 BIRTHPLACE OF MOTHER

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Brown(Address) Riv. Mills15 Filed 2-10-1931 R.V. Palmer

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

2 10, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

2-9-1931 to 2-10-1931,
that I last saw her alive on 2-10-1931and that death occurred on the date stated above, at 11:00 m.
The CAUSE OF DEATH * was as follows:Peritonitis with
cavitations(Duration) 8 mos. ds.Contributory
Secondary(Duration) 8 mos. ds.(Signed) Butter Palmer M. D.2-10-1931 (Address) Accident*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Institutions or Recent Residents)

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.Where was disease contracted,
if not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

Elmwood Cemetery

DATE OF BURIAL

2-10-1931

20 UNDERTAKER

Edward Brown

ADDRESS

Riv. Mills

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public
Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed (or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1931

BUREAU V. C.

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL CONDITION should state CAUSE OF DEATH in plain terms so that it may be properly classified—Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County St. Marys

Village or City Dear Chalote Hall

2 FULL NAME Paul Lessong Groves

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word) S.

6 DATE OF BIRTH

Nov 8, 1914
(Month) (Day) (Year)

7 AGE

16 yrs. 3 mos. 4 ds. or min.

IF LESS than
1 day... hrs.
or ... min.)

8 OCCUPATION

(a) Trade, profession or
particular kind of work
(b) General nature of industry
business, or establishment in
which employed or (employer)

France worker

9 BIRTHPLACE
(State or country)

St. Marys Co.

10 NAME OF
FATHER

Benjamin Groves

11 BIRTHPLACE
OF FATHER
(State or country)

Pa.

12 MAIDEN NAME
OF MOTHER

Appletonia Davis

13 BIRTHPLACE
OF MOTHER
(State or country)

St. Marys Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Benjamin Groves

(Address)

Dear Chalote Hall

15 Filed Feb 12, 1931 Leon J. Darton
Registrar

02163

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 284

St. Ward (If death occurred in
a hospital or institution,
give its NAME instead of street and
number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb 12, 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from
Feb 12, 1931 to Feb 12, 1931,
that I last saw him alive on 192,
and that death occurred on the date stated above, at 6:45 a.m.
The CAUSE OF DEATH * was as follows:

Broken Neck due
to Automobile accident

(Duration) 3 yrs. mos. ds.

Contributory
Secondary

(Signed) Leon J. Darton M. D.
(Address) 2712 (Duration) yrs. mos. ds.

1931 (Address)

*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?

Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

Dear Chalote Hall

DATE OF BURIAL

Feb 14, 1931

20 UNDERTAKER

Elmer Justor

ADDRESS

Mechanics

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Indoor* or *Coal* mine, etc. Women at home, who are engaged in the duties of the household only (not paid) *Housekeepers* who receive a definite salary, may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated *thus: Farmer retired 6 yrs.* For persons who have no occupation whatever: write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same designated term for the same disease. Examples: *Cerebral* ~~fever~~ *(the only definite synonym is "Epidemic cerebro-* *spinal meningitis")*; *Jaundice* (avoid use of "Gouty"); *Typhoid fever* (never report "Typhoid Pneumonia"; *Lobar pneumonia*, *Bacillary dysentery*, *"Pneumonia"*,

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatology), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Savile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and a question is answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 6 1931

BUREAU U. S.

MARGIN RESERVED FOR BINDING

N.B.--Every item of information should be carefully supplied. **ACE** should be stated **EXACTLY**, **PHYSICALS** should state **CAUSE OF DEATH** in plain terms so that it may be properly classified. Exact statement of **OCCUPATION** is very important. See Instructions on back of certificate.

1 PLACE OF DEATH

County St. MarysVillage or City Bethelton, Md.2 FULL NAME Joseph Wilfred Hordely

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M4 COLOR OR RACE W.5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word) M.

6 DATE OF BIRTH

Jan 4th, 1871
(Month) (Day) (Year)

7 AGE

60 yrs. 1 mos. 23 ds. or min.If LESS than
1 day.... hrs.

8 OCCUPATION

(a) Trade, profession or
particular kind of work Hawser
(b) General nature of industry
business, or establishment in
which employed or (employer) Hawser

9 BIRTHPLACE
(State or country) Charles Co.10 NAME OF
FATHER Frank Hordely11 BIRTHPLACE
OF FATHER
(State or country) Md.12 MAIDEN NAME
OF MOTHER Elizabeth Lomax13 BIRTHPLACE
OF MOTHER
(State or Country) Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Donald R. Hordely
(Address) 100 W. Saratoga St., Baltimore, Md.

15 Filed Feb. 27, 1931 John Jackson
Registrar

02164

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 284

St. _____ Ward _____ (If death occurred in
a hospital or institution, give its NAME in-
stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 27, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from
March 1930 to Feb. 27, 1931,that I last saw him alive on Feb. 13th, 1931,and that death occurred on the date stated above, at 7:30 a.m.
The CAUSE OF DEATH * was as follows:Stroke of the heart disease

(Duration) yrs. mos. ds.

Contributory
SecondaryHigh blood pressure

(Duration) yrs. mos. ds.

(Signed) John J. Jackson M. D.27, 1931 (Address) Baltimore, Md.*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

Fronty Church

DATE OF BURIAL

March 2, 1931

20 UNDERTAKER

A. G. Welsh

ADDRESS

Telophos

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salsoman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Retired (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic vascular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Irritation," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B. -- Every item of information should be carefully supplied. ALL should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

County St. Mary's

02185

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 284

Village or City Mechanicsville2 FULL NAME Steel Boni, infant of Oscar & Nester Haely

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
<u>Male</u>	<u>Col</u>	<u>S</u>

6 DATE OF BIRTH Feb - 18, 1931
(Month) (Day) (Year)

7 AGE Steel Boni
If LESS than
1 day hrs.
or min.?

8 OCCUPATION
(a) Trade, profession or
particular kind of work none
(b) General nature of industry
business, or establishment in
which employed or (employer) none

9 BIRTHPLACE
(State or country) St. Mary's Co.

10 NAME OF
FATHER Oscar Haely

11 BIRTHPLACE
OF FATHER
(State or country) Md.

12 MAIDEN NAME
OF MOTHER Nester Shorler

13 BIRTHPLACE
OF MOTHER
(State or country) Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Oscar Haely

(Address) Mechanicsville

15 Filed Feb 19 1931 S. L. Jackson
Registrar

St. Ward (If death occurred in
a hospital or institution,
give its NAME instead of street and
number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 18, 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from
Steel Boni 192 to 192
that I last saw h alive on 192, 192
and that death occurred on the date stated above, at

The CAUSE OF DEATH * was as follows:
Steel Boni Pre-eclampsia Birth
to Ceaseup, she force.

(Duration) Acceced
Contributory
Secondary
(Duration) 376 mos. 0 ds.
(Signed) Laura J. Jackson M. D.
Feb 19 1931 (Address) Mechanicsville

* State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)

At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.

Where was disease contracted,
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Home Cemetery DATE OF BURIAL Feb 20, 1931

20 UNDERTAKER Elmer Jorbo ADDRESS Mechanicsville

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Houskeepers* who receive a definite salary, may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, et al.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Former retired 6 yrs.* For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Croup"); *Typhoid fever* never report "Typhoid Pneumonia"; *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary; or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Volunteer wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02156

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County St. Marys
Village or City Beachville

107-a

Registration Dist. No. 287

Length of residence in city or town where death occurred

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Marie E. Hughes

(a) Residence: No. _____

St. _____

Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) Dec. 8 - 1912

7. AGE <u>18</u>	Years	Months <u>2</u>	Days <u>5</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------	-------	-----------------	---------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. <u>none</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>	
10. Date deceased last worked at this occupation (month and year) <u></u>	11. Total time (years) spent in this occupation <u></u>

12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME James Hughes
FATHER14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Sarah Barnes
MOTHER16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Sarah Hughes
(Address) Beachville Md.18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cemetery Date Feb. 10, 193119. UNDERTAKER Ernest Robinson
(Address) Damson, Md.20. FILED Feb. 14, 1931 _____
P. J. Branum, M.D.
Local Registrar

21. DATE OF DEATH

Feb. 13, 1931
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Feb. 10, 1931, to Feb. 13, 1931.
I last saw her alive on Feb. 12, 1931; death is said
to have occurred on the date stated above, at 6 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Bronchitis pneumonia 2/10/31
Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) P. J. Branum, M.D.
(Address) Great Mills, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis	MAR 5 1921	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V.S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset
Attack of epilepsy
Run over by street car
Peritonitis

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B. -- Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County St. Marys
Village or City Leonardtown

2 FULL NAME Helen Klobusicky

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u> (Write the word)
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6 DATE OF BIRTH
Jan 15, 1883
(Month) (Day) (Year)

7 AGE 48 yrs. 1 mos. 7 ds. If LESS than
1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work Homesteader
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE
(State or country) Chesapeake

10 NAME OF FATHER John Galtie

11 BIRTHPLACE OF FATHER
(State or country) Chesapeake

12 MAIDEN NAME OF MOTHER Julia

13 BIRTHPLACE OF MOTHER
(State or Country) Chesapeake

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ike Weiner

(Address) Leonardtown

15 Filed 2/23 1923 30 Cawdron, MD
Registrar

02167
STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 282

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 22, 1931

17 I HEREBY CERTIFY, That I attended the deceased from Feb 22, 1931 to Feb 22, 1931, that I last saw her alive on Feb 22, 1931, and that death occurred on the date stated above, at 10:15 a.m. The CAUSE OF DEATH * was as follows:

Poisoned by Lysol
apparently accidentally

(Duration) 1/2 hr. yrs. mos. ds.

Contributory
Secondary
1/2 hr. (Duration) yrs. mos. ds.
(Signed) W. H. Greenwell M. D.
Feb 22, 1931 (Address) Leonardtown

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted, if not at place of death

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Shangley Home Cemetery Feb 22, 1931

20 UNDERTAKER ADDRESS

W. C. Mastingsay Leonardtown

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public
Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer, (retired 6 yrs).* For persons who have no occupation, whatever, write *None*.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carexoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 3 1931

BUREAU

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH

County *St. Marys*Village or City *Hallie Lee* (No.)2 FULL NAME *Maggie Lawrence*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female*4 COLOR OR RACE *Colored*5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word) *Married*6 DATE OF BIRTH *May 8*

(Month)

(Day)

(Year) *1881*7 AGE *50 yrs.*

9 mos.

IF LESS than
1 day hrs.
ds. or min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work *Housewife*(b) General nature of industry
business, or establishment in
which employed or (employer) *" "*

9 BIRTHPLACE

(State or country) *St. Marys Co Md.*

10 NAME OF

FATHER

Dennis G. Allen.

11 BIRTHPLACE

OF FATHER

(State or country) *St. Marys Co Md.*

12 MAIDEN NAME

OF MOTHER

Eliza Barnes.

13 BIRTHPLACE

OF MOTHER

(State or Country) *St. Marys Co Md*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Morris Lawrence*(Address) *Great Mills Md.*

15

Filed *Feb. 8th 1931 Harrison Hobbs*

Registrar

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. *281*

(131)

St. *Ward*)(If death occurred in
a hospital or institu-
tion, give its NAME in
stead of street and
number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Feb 8, 1931*

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended the deceased from *Dec. 13-1930* to *Feb 8, 1931*,that I last saw her alive on *Jan 14, 1931*, and that death occurred on the date stated above, at

The CAUSE OF DEATH * was as follows:

*Gastrointestinal Hepatitis Bright's
Disease*(Duration) *1 yrs. 1 mos. 0 ds.*Contributory
Secondary(Duration) *0 yrs. 0 mos. 0 ds.*(Signed) *Brown, Jr. C. M. D.*(Date) *Feb. 8, 1931. (Address) *Great Mills***State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Institutions
or Recent Residents)At place of death *0 yrs. 0 mos. 0 ds.*In the State *0 yrs. 0 mos. 0 ds.*Where was disease contracted,
if not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Marks Church

DATE OF BURIAL

Feb. 9, 1931

20 UNDERTAKER

Richard C. Thomas

ADDRESS

Hallie Lee, Md.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County St. Marys

Village or City Choptico (No.)

2 FULL NAME

Theodosia Mattingly

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Widowed

6 DATE OF BIRTH

Octuber unknown, 1855
(Month) (Day) (Year)

7 AGE

75 yrs. 4 mos. ds. If LESS than
1 day hrs. or min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work
(b) General nature of industry
business, or establishment in
which employed or (employer)

None

9 BIRTHPLACE
(State or country)

Maryland -

10 NAME OF
FATHER

Levi Davis

11 BIRTHPLACE
OF FATHER
(State or country)

Maryland

12 MAIDEN NAME
OF MOTHER

Elizabeth Hayden

13 BIRTHPLACE
OF MOTHER
(State or country)

Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. L. M. Gaugh

(Address)

Choptico Md.

15 Filed

Feb. 21

1931

A. B. Johnson

Registrar

02169

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 283

St. Ward) (If death occurred in
a hospital or institution, give its NAME in-
stead of street and
number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Octuber 7 et 20, 1931
(Month) 20 (Day) 1931 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from
Feb. 16 1931 to Feb. 20, 1931.

that I last saw her alive on Feb. 20, 1931,

and that death occurred on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH * was as follows:

Belated Bronchopneumonia

(Duration) yrs. mos. 2 ds.

Contributory
Secondary

(Duration) yrs. mos. ds.

(Signed) Alaysius C. Welch M. D.
Feb. 21 1931 (Address) Choptico Md.

*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)

At place yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?

Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

Choptico Md.

DATE OF BURIAL

Feb. 22, 1931

20 UNDERTAKER

Al Welch

ADDRESS

Choptico Md.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

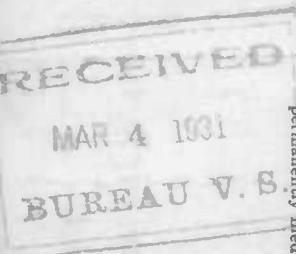
(Approved by U. S. Census and American Public
Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day Laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Former (retired 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic valvular heart disease, Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *... Pneumonia (secondary), 10 d.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



MARGIN RESERVED FOR BINDING

~~(X)~~ WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
 County St. Mary's
 Village or City Cheaptown No. 159

2 FULL NAME Alice Lee Miller

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE White5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word) Single

6 DATE OF BIRTH

2 15, 1931
(Month) (Day) (Year)

7 AGE

yrs. mos. 1/2 ds. or min.?If LESS than
1 day hrs.
or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work Housewife
 (b) General nature of industry business, or establishment in which employed or (employer) None

9 BIRTHPLACE
(State or country)10 NAME OF
FATHER Joseph Miller11 BIRTHPLACE
OF FATHER
(State or country) None12 MAIDEN NAME
OF MOTHER Janette Medea13 BIRTHPLACE
OF MOTHER
(State or Country) None

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Miller(Address) Cheaptown15 Filed 2-11-1931 R. V. Allen

Registrar

If more banks are needed, address State Registrar

62170

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 216St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

2 16, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 2-15-1931 to 2-16-1931that I last saw her alive on 2-15-1931 and that death occurred on the date stated above, at 7 P.M. m. The CAUSE OF DEATH * was as follows:Pneumonia

(Duration) yrs. mos. ds.

Contributory
Secondaryacute bronchitisasthma (Duration) yrs. mos. ds.(Signed) R. V. Allen, M. D.2-11-1931 (Address) Cheaptown

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Patients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Joseph's Cemetery DATE OF BURIAL 2-17-1931

20 UNDERTAKER

John Collins, Cheaptown ADDRESS

16 W. Saratoga St., Balt., Requesting V. S. I. O. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc. Woman at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housewife, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group");

Typhoid fever (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-alic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1931

BUREAU V. S.

MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County

St. Marys

Village or City near Patrville (No.)

2 FULL NAME

John McHalehough Leader

02171

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 282

St. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

Male white

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Single

6 DATE OF BIRTH

Dec. 24, 1862
(Month) (Day) (Year)

7 AGE

48 yrs. 1 mos. 16 ds. If LESS than
1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry business, or establishment in which employed or (employer)

Farmer

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mr. Costigan

(Address)

Lumbadown

15

Filed Feb 11 1931 Cemeterian Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb 10, 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from June 10, 1930 to Feb 10, 1931, that I last saw him alive on Feb 7, 1931, and that death occurred on the date stated above, at 1:30 P.M. The CAUSE OF DEATH * was as follows:

Pulmonary Tuberculosis

Tuberculosis

(Duration) yrs. 10 mos. 0 ds.

Contributory
Secondary

(Signed) J. J. Greenwell M. D.
Feb 11, 1931. (Address) Lebanon Avenue

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

In the State yrs. mos. ds.

19 PLACE OF BURIAL OR REMOVAL

St. Joseph Cemetery Feb 12, 1931

DATE OF BURIAL

20 UNDERTAKER

John Welsh Chaffee

ADDRESS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public
Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Lebeler*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

MAR 3 1931

BUREAU

V

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Cedrus) may be stated under the head of "contributory." (Recommendations on statement of cause of death and recommendations on statement of cause of death and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *encephalitis*) may be stated under the head of "contributory."

Approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH

County St. MarysVillage or City Hollywood (No.)2 FULL NAME Stephen Enders Russell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

white5 SINGLE,
MARRIED,
WIDOWED
OR DIVORCED
(Write the word)widowed

6 DATE OF BIRTH

Mar 11, 1843
(Month) (Day) (Year)

7 AGE

87 yrs. 10 mos. 21 ds. or min.If LESS than
1 day..... hrs.
or..... min.

8 OCCUPATION

(a) Trade, profession or
particular kind of work(b) General nature of industry
business, or establishment in
which employed or (employer)

9 BIRTHPLACE

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE
OF FATHER

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed 2/2 1931 Camader

Registrar

02172

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 282

186-a

St. _____ Ward) (If death occurred in
a hospital or institution,
give its NAME instead of street and
number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb 1, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from
Jan 18, 1931 to Feb 1, 1931,
that I last saw him alive on Jan 21, 1931,
and that death occurred on the date stated above, at 9:30 a.m.
The CAUSE OF DEATH * was as follows:Toxemia + Pernicious anemia
of LiverFracture due to fall, from porch. 2 1/2 ft. (Duration) yrs. mos. 13 ds.Contributory
SecondaryInter cerebral fracture of brain (Duration) yrs. mos. 13 ds.(Signed) Dr. F. G. Greenwell M. D.Feb 1, 1931 (Address) General Hospital*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted,
if not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

St. John's Cemetery Feb 3, 1931

DATE OF BURIAL

20 UNDERTAKER

Wm. Waddington Concordia

ADDRESS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sensit. tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
MAR 3 1931
BUREAU

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICAL STATE, CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County St. Marys

Village or City Harry P.O. (No. 9)

2 FULL NAME

9 Lilian Thomas

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

Colored

5 SINGLE,

MARRIED,

WIDOWED,

OR DIVORCED

(Write the word) Widowed

6 DATE OF BIRTH

Feb. 20, 1931
(Month) (Day) (Year)

7 AGE

62 yrs. 10 mos. ✓ do. or min.?

IF LESS than
1 day hrs.
or min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work

(b) General nature of industry
business, or establishment in
which employed or (employer)

Farmer

9 BIRTHPLACE

(State or country)

St. Marys Co. Md.

PARENTS

10 NAME OF FATHER

Don't know -

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

Jane Thomas

13 BIRTHPLACE OF MOTHER

(State or country)

Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Harry Thomas

(Address)

Harry Md.

15

Filed

Feb. 21, 1931

A. B. Johnson

Registrar

02173

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. 283

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb. 20, 1931
Feb. (Month) 20 (Day) 1931 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb. 20, 1931 to Feb. 20, 1931,

that I last saw him alive on Feb. 20, 1931, and that death occurred on the date stated above, at 4 a.m. The CAUSE OF DEATH * was as follows:

Initial disfunction -
myocarditis -

(Duration) yrs. 6 mos. 0 ds.

Contributory
Secondary

Hypertonic Pneumonia

(Duration) yrs. 0 mos. 3 ds.

(Signed) Alanson C. Welch M. D.
Feb. 21, 1931 (Address) Chaptico Md.

*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?

Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Marys Co. Md. Highland Cemetery DATE OF BURIAL
Feb. 22, 1931

20 UNDERTAKER

A. Welch ADDRESS Chaptico Md.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia");

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; i.e., *Hopparenmania* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
MARCH 4 1931
BUREAU

MARGIN RESERVED FOR BIRMINGHAM

N. B. -- Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County St. Marys

Village or City Compton (No.)

2 FULL NAME

Gertrude Virginia Wellerheim

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCEDMarried
(Write the word)

6 DATE OF BIRTH

May unknown 1894
(Month) (Day) (Year)

7 AGE

76 yrs. 9 mos. — ds. or min. If LESS than
1 day hrs.

8 OCCUPATION

(a) Trade, profession or
particular kind of work housewife
(b) General nature of industry
business, or establishment in
which employed or (employer)

9 BIRTHPLACE

(State or country) Alexandria Va10 NAME OF
FATHER11 BIRTHPLACE
OF FATHER
(State or country) Mr. John Hawkins12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER
(State or Country) unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry G. Wellerheim(Address) Compton Ind15 Filed 2/9/52 1952 Barclay

Registrar

02174

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 282

St. Ward (If death occurred in
a hospital or institution, give its NAME in-
stead of street and
number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb 24, 1951
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from
Feb 23, 1951 to Feb 24, 1951,
that I last saw her alive on Feb 23, 1951,
and that death occurred on the date stated above, at 12:00 a.m.
The CAUSE OF DEATH * was as follows:

Cerebral Hemorrhage

Contributory
Secondary Anti Indigitation
(Duration) yrs. mos. days

(Signed) J. F. Greenfield M. D.
Feb 24, 1951 (Address) General Hospital

*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?

Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

London Park Cemetery Feb 26, 1951 DATE OF BURIAL

20 UNDERTAKER Balto Ind ADDRESS
John G. Mattingly Sonosation Ind

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

(X) WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B. Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County St. Marys

02175

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 284

158

Village or City Mechanicsville (No.)

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wm Joseph Woodland

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> (Write the word)
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6 DATE OF BIRTH

Feb 4, 1930
(Month) (Day) (Year)

7 AGE

7 yrs. 16 mos. 16 ds. or min?
If LESS than
1 day hrs.
mos. ds. or min?

8 OCCUPATION

(a) Trade, profession or particular kind of work None
(b) General nature of industry business, or establishment in which employed or (employer) None

9 BIRTHPLACE
(State or country)

St. Marys Co. Md
Andrew Woodland

PARENTS

10 NAME OF FATHER Andrew Woodland
11 BIRTHPLACE OF FATHER St. Marys Co. Md
(State or country)

12 MAIDEN NAME OF MOTHER Bessie Barnes
13 BIRTHPLACE OF MOTHER St. Marys Co. Md
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Andrew Woodland
(Address) Mechanicsville Md

15 Filed 2/21 1931 L. J. Sotomayor
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb (Month) 21 (Day) 1931 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from death most: see chug after 1931,
that I last saw h alive on 2/21, 1931,
and that death occurred on the date stated above, at 7 P.M.
The CAUSE OF DEATH * was as follows:

Respiratory fail

(Duration) 1 day yrs. 0 mos. 0 ds.

Contributory
Secondary

(Duration) 1 day yrs. 0 mos. 0 ds.

(Signed) Henry C. Chappell M. D.

Feb 21 1931 (Address)

*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Josephs Church DATE OF BURIAL Feb 21, 1931

20 UNDERTAKER

Engle J. Johnson ADDRESS Mechanicsville Md

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cereospinal fever* (the only definite synonym is "Epidemic cerebro-sinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unequalled, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; *Homoeumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH
County of Maryland

Village or City Scollard (No. 100)

2 FULL NAME Cora Yealmans

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH

Unknown, 1866
(Month) (Day) (Year)

7 AGE

65 yrs. mos. ds. or min.

If LESS than
1 day hrs.
or min.

8 OCCUPATION

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE
(State or country)

Md

10 NAME OF FATHER

Wm Yealmans

11 BIRTHPLACE OF FATHER
(State or country)

Va

12 MAIDEN NAME OF MOTHER

Aure. M. Lantz

13 BIRTHPLACE OF MOTHER
(State or country)

Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur Greene

(Address) Scollard one

15 Filed Feb 22 1981 by J. D. King
Deputy Registrar

02176 STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 280

50

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb 22, 1981
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Jan 4, 1981, to Feb 22, 1981,
that I last saw her alive on Feb 21, 1981,

and that death occurred on the date stated above, at 1 P.m.

The CAUSE OF DEATH * was as follows:

Cancer of Breast

(Duration) yrs. mos. ds.

Contributory
Secondary

(Duration) yrs. mos. ds.

(Signed) J. D. King M. D.

Feb 22, 1981 (Address) 101 Main Street

*State the Disease causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
if not at place of den b?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Friedenship Cemetery Feb 22, 1981

20 UNDERTAKER ADDRESS
E. T. P. Funeral Directors, Inc.

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: (*Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by running train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *septis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

